



COMMUNITY DEVELOPMENT

PERMIT APPLICATION

DATE RECEIVED _____

PERMIT # _____

THIS APPLICATION IS NOT A PERMIT. NO WORK WILL BE ALLOWED TO TAKE PLACE UNTIL A PERMIT IS ISSUED BY THE TOWN OF FLORENCE AND POSTED BY PERMITEE ON-SITE. THE PERMIT WILL BE SUBJECT TO GENERAL CONDITIONS SET FORTH HEREIN AND ANY SPECIAL CONDITIONS APPLICABLE TO THE SCOPE OF WORK. ALL MINIMUM FEES ARE NON REFUNDABLE.

TWO (2) SETS OF CONSTRUCTION DRAWINGS AND PLAN REVIEW FEES (BASED ON VALUATION) MUST ACCOMPANY THIS APPLICATION. THE FILING OF THIS APPLICATION AND THE PAYMENT OF FEES DOES NOT GUARANTEE OR GRANT THE ISSUANCE OF A PERMIT.

Date		Applicant		Phone #	
Commercial		Residential		Other	
<input type="checkbox"/> New Bldg <input type="checkbox"/> Tenant Improvement		<input type="checkbox"/> New <input type="checkbox"/> Standard Plan # _____		<input type="checkbox"/> Pool/Spa <input type="checkbox"/> Irrigation <input type="checkbox"/> Gas <input type="checkbox"/> Electric	
<input type="checkbox"/> Fireworks <input type="checkbox"/> Signage		<input type="checkbox"/> Addition <input type="checkbox"/> Remodel <input type="checkbox"/> Accessory		<input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Misc _____	
<input type="checkbox"/> Grading (cut & fill) _____ CY		<input type="checkbox"/> MH/Park Model <input type="checkbox"/> Patio Cover <input type="checkbox"/> Solar		<input type="checkbox"/> Demo **Requires Asbestos Abatement Survey from Pinal County prior to permit issuance**	
Project Name / Job Site Address				Parcel #	
Property Owner / Mailing Address				Unit # / Lot #	
Builder / Contractor				Phone #	
Address					
ROC #		Class		Town Business License #	
Description of Work					
Valuation			Square Footage		
Manufactured Homes Only Below This Point					
Manufacturer			Year		
Model			Size		
HUD Insignia and Serial #			Date Entered State		
Mobile homes built prior to June 15, 1976 require a Rehabilitation Compliance Permit from the Office of Manufactured Housing. (602) 364-1003.					

I HEREBY CERTIFY THAT THIS APPLICATION AND ALL SUBMITTALS ARE TRUE AND CORRECT. ALL LAWS AND ORDINANCES GOVERNING ZONING, BUILDING AND HEALTH WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT.

_____/_____
Print Name Signature

Date

Office Use Only

Set Backs Verified By _____	Date _____	Reviewed By _____	Date _____
Historical District Yes _____ No _____		Issued By _____	Date _____
Dust Control Yes _____ No _____		Finalized By _____	Date _____
Health Department Yes _____ No _____		Plan Review Fee _____	Permit Fee _____
Asbestos Survey Yes _____ No _____		Additional Fees _____	Balance Due _____
Comments _____			